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E-Mail: mew@saiber.com WILLIAM F. MADERER + 0 DAVID J. D'ALOIA IEFFREY W. LORELL® DAVID R. GROSS® SEAN R. KELLY** ARNOLD B. CALMANN® TOAN M. SCHWAB IENNINE DISOMMA® IAMES H. FORTE VINCENT F. PAPALIA RANDI SCHILLINGER OF MICHAEL J. GERAGHTY® NINO A. COVIELLO AGNES I. RYMER® IAMES H. GIANNINGTO NANCY A. WASHINGTON MARC C. SINGER®® SETH E. ZUCKERMAN MARC E. WOLIN O DAVID A. COHEN **IEFFREY SOOS** DANALYNN T. COLAO®

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MELISSA A. PROVOST CHRISTINA L. FICHERA® JENNIFER R. O'CONNOR COLIN R. ROBINSON O MARK A RONEY CARAL MICHACCIO IACK CHAN® DANIELE N. HANKIN JEFFREY J. PASEK IOHN H. NOORLANDER O ANDREW D. LA FIURA® LAUREN M. LIMAURO RINA GRASSOTTI * LINA YOUNG KANG 9 KATHERINE A. ESCANLAR® JAKOB B. HALPERN MICHAEL J. GROHS O SANJAY MANOCHA® MATTHEW A. CATANIA ANTONIO A. GONZALEZ® AMY K. SMITH 9 IANE IRUN® GERI L. ALBIN

August 6, 2008

VIA E-FILING & FACSIMILE

Honorable Mark Falk, U.S.M.J. United States District Court U.S. Post Office & Courthouse 1 Federal Square, Room 457 Newark, New Jersey 07102

Re: Jacob Gunvalson, et al. v. PTC Therapeutics, Inc.

Civil Action No. 08-3559 (WJM) (MF)

Dear Judge Falk:

This law firm, along with Blackwell Burke P.A., represents plaintiffs Jacob, Cheri and John Gunvalson ("Plaintiffs") in the above matter. We write in response to the letter of defendant PTC Therapeutics, Inc. ("PTC"), dated August 5, 2008. In short, PTC has no right to the unfettered waiver of the protections afforded Jacob Gunvalson by the physician-patient privilege, and PTC has shown no need to speak with Dr. Finkel on an *ex parte* basis, especially as Plaintiffs have already allowed PTC to both view his medical records and speak with him with their counsel present. Further, PTC's allegations of Plaintiffs' counsel's "substantial delay" are both inaccurate and disingenuous. Jacob Gunvalson will die without access to PTC's drug, PTC124. We have moved without delay and PTC's insinuations to the contrary, after stringing Jacob along for two years with promises of PTC124, are deplorable.

At the outset, PTC has had the Verified Complaint since the day it was filed, July 16. We sent it by fax and mail to two lawyers representing it, including one from the Sidley firm. See Exhibit A. For PTC to imply that it did not have the Complaint until July 23 is simply wrong. Moreover, we have been extremely forthcoming with PTC. The first contact by PTC's counsel was on Wednesday afternoon, July 28, when Mr. Meyer left a voicemail for my colleague, Jakob Halpern, asking only for him to call back. Mr. Halpern, who was out of the office, forwarded the message to me late that afternoon, and as a courtesy, even though Mr. Meyer had expressed no urgency and had not contacted me, I immediately returned his call.



Honorable Mark Falk, U.S.M.J. August 6, 2008 Page 2

During that call, Mr. Meyer and Mr. Hutchinson (from the Sidley firm) requested medical authorizations for Drs. Parkin, Wong and Finkel. They also requested the opportunity to speak with those doctors. At no time was it mentioned that the conversations were to be on *ex parte* basis. Immediately after the call ended (after 6 p.m.), and despite the lack of a formal written request, I notified our co-counsel in Minnesota, who prepared and forwarded the authorizations to Plaintiffs the next morning, July 29. That day, Plaintiffs executed the releases and sent them to me from Minnesota. Mailing them was necessary because only an original signature is effective to release such records. While Mr. Meyer forwarded me PTC's proposed authorizations on August 1 at 3:00 p.m., I was not in the office and did not receive it then.

Although we received the executed authorizations from Plaintiffs on Monday, August 4, I was unaware that they had arrived because I was before Magistrate Judge Shwartz for several hours on another matter. When I returned, Mr. Meyer had left me a voicemail looking for the authorizations. At no time did he reach out to Mr. Halpern, who was in the office, for assistance. I immediately telephoned Mr. Meyer. After both Mr. Meyer and his secretary failed to answer, I contacted Brian Sharkey, Mr. Meyer's associate. I explained I had just returned from Court, but had the signed authorizations. Mr. Sharkey advised that he would send a messenger to our firm who would arrive at approximately 5:45 p.m. Despite a scheduled off-site meeting at that time, I assured him that Mr. Halpern would be available when the messenger arrived. Further, per Mr. Sharkey's request, I immediately forwarded a PDF copy of the authorizations by email to him. Moreover, in that email, I confirmed that PTC's lawyers could contact the doctors provided that we were also on the phone at the same time. See Exhibit B. It is hard to imagine we "substantially delayed" matters when the oral request was received after the close of business on Wednesday, and the signed releases from Minnesota were in the hands of PTC's counsel on Monday.

More significantly, PTC has no right to interview the doctors on an *ex parte* basis. First, Jacob is not required to waive his right to the physician-patient privilege. N.J.S.A. 2A:84A-22.4 waives the privilege only when the patient's condition is "an element or factor of the claim or defense of the patient." Jacob's condition is not an element of his promissory estoppel or misrepresentation claims, and every case cited by PTC concerns waivers of the privilege in the context of personal injury matters. See Williams v. Rene, 72 F.3d 1096, 1098 (3d Cir. 1995) (negligence, decided under Virgin Islands and not New Jersey law); Stigliano v. Connaught Labs., Inc., 140 N.J. 305, 307 (1995) (medical malpractice); Stempler v. Speidell, 100 N.J. 368, 370 (1985) (medical malpractice); Smith v. Am. Home Prods. Corp., 372 N.J. Super. 105, 109 (Law Div. 2003) (products liability case denying permission for *ex parte* interviews).

Even, assuming arguendo, PTC is entitled to some contact with his physicians, PTC misstates New Jersey law. Any authorization under <u>Stempler</u> requires providing reasonable notice of the time and place of proposed *ex parte* interviews to plaintiff's counsel and a description of the anticipated scope of the interview to the physician. 100 N.J. at 382. Further, in certain circumstances, the presence of plaintiff's counsel may be required at such an interview. <u>Id.</u> at 383; <u>see Smith</u>, 372 N.J. at 136. Here, PTC proposed unfettered access to a physician



Honorable Mark Falk, U.S.M.J. August 6, 2008 Page 3

responsible for overseeing the very study from which Jacob has been excluded right before a preliminary hearing, despite its claim that he is independent. Ex parte contact would be improper under these circumstances.

Beyond this, though, New Jersey law does not control this issue. Dr. Finkel is licensed and practices in Pennsylvania, and 42 Pa. Cons. Stat § 5929 makes clear that Pennsylvania waives the privilege only in damages actions for personal injury. Additionally, Pennsylvania does not require plaintiffs to permit *ex parte* contact with their physicians. Under <u>Veazey v. Doremus</u>, 103 N.J. 244, 247-48 (1986), Pennsylvania's governmental interests in governing the oversight of its licensed physicians and application of the physician-patient privilege outweigh New Jersey's interest in this matter, especially as Jacob is from Minnesota, and Pennsylvania privilege law applies to protect Jacob's rights.

With all this said, PTC has made no showing why it requires the drastic remedy of an ex parte interview of Dr. Finkel, especially when Plaintiffs have consented to allow him to speak with PTC in their counsels' presence. Perhaps more importantly, Dr. Finkel is not the only one who advised Jacob to stay out of the shorter PTC124 trials, which rendered Jacob ineligible to receive the drug now. On two occasions, Claudia Hirawat, PTC's Senior Vice President, said the exact same thing to Jacob's mother and that the decision not to participate would have no negative effects on Jacob. Ms. Hirawat also told Jacob's pediatrician, Dr. Parkin, that Jacob would receive access to PTC124. Given that Dr. Finkel was not the only one who advised the Gunvalsons of this, the issuance of a preliminary injunction does not rise or fall on this one fact.

Plaintiffs' authorizations not only permit PTC access to Jacob's medical records held by all these physicians. See Exhibit C. PTC has also been advised that we are amenable to the physicians' interviews so long as Plaintiffs' counsel are present. PTC has offered no justification why this is insufficient. As such, PTC's thinly-veiled attempt to delay the preliminary injunction hearing is without merit.

Respectfully submitted,

/s/ Marc E. Wolin

MARC E. WOLIN

MEW/jbh

Kenneth R. Meyer, Esq. [via email & facsimile]John G. Hutchinson, Esq. [via email & facsimile]Mike Hatch, Esq. [via email]

¹ Citing Abney v. Amgen, 443 F.3d 540 (6th Cir. 2006), PTC erroneously states that, as a matter of law, clinical investigators are not agents of drug sponsors. Instead, Abney, decided under Kentucky law, determined that the investigators in that matter were not the sponsor's agents only after a detailed fact-specific analysis. Id. at 548-49.

EXHIBIT A



Saiber LLC
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GEOFFREY GAULKIN
ALEREÓ M. WOLIN
SPEUL COUNTI.
DAVID M. SATZ; JR.
MORTON GOLDFEIN O
EDWIN H. NOROLINGER O
DAVID J. SATZ
HEIDI WEGRYN GROSS
OF COUNTI.
GUY S. MICHAEL O
ROBERT J. CARROLL
ROBERT J. CARROLL
DEREK TIMMS O
COUNTIL
OWNERS OF MUSSBAUM
DEREK TIMMS O
MEMBEROF N.J. A NY BARS

SAMUEL S. SAIRER

O MEMBER OF NJ. A PA BARS

MEMBER OF NJ. NY a CT BARS

*MEMBER OF NY BAR ONLY

+ Certified by the Supreme Court of New Jersey as a Civil and Criminal Tall Attorney • Certified by the Supreme Court of New Jersey as a Civil Trial Attorney

MELISSA A, PROVOST CHRISTINA L. FICHERA® JENNIFER R. O'CONNOR COLIN R PORINCON O MARK A: RONEY CARA L. MIGLIACCIO JACK CHAN 9 DANIELE N. HANKIN' JEFFREY J. PASEK JOHN H. NOORLANDER ANDREW D. LA FIURA LAUREN M. LIMAURO RINA GRASSOTTI º UNA YOUNG KANG O KATHERINE A. ESCANLAR AKOB B. HALPERN MICHAEL J. GROHS® SANJAY MAROCHA® MATTHEW A. CATANIA® ANTONIO A. GONZALEZ® AMY K. SMITH * IANE IHUN P GERI L ALBIN

July 16, 2008

VIA FACSIMILE & U.S. MAIL

David T. Schultz, Esq.
Maslon Edelman Borman & Brad, LLP
3300 Wells Fargo Center
90 South Seventh Street
Minneapolis, Minnesota 55402

Coleen Klasmeier, Esq. Sidley Austin LLP 1501 K Street, N.W. Washington, D.C. 20005

Re: Cheri and John Gunvalson, et al. v. PTC Therapeutics, Inc.

Dear Mr. Schultz and Ms. Klasmeier:

Enclosed herewith please find a courtesy copy of the Complaint that was filed in the United States District Court for the District of New Jersey in connection with the above-captioned matter.

Very truly yours

MARC E. WOLIN

MEW/sr

Enclosure

Michael Hatch, Esq. [via Email - w/encl.]
Ms. Cheri Gunvalson [via Email - w/encl.]

{00533270.DOC}

MODE - MEMORY TRANSMISSION

START-JUL-16 16:45

END=JUL-16 17:00

FILE NO. -623

| STN NO. | COMM. | ONE-TOUCH/ ABBR NO. | STATION NAME/TEL NO. | PAGES | DURATION |
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| 002 | OK | | 3*12027368711 | 026/026 | 00:06:03 |

-SAIBER LLC

973 622 3349- *******

ATTORNEYS AT LAW

ONE GATEWAY CENTER 13™FLOOR NEWARK, NEW JERSEY 07102-5311

TELEPHONE (973) 622-3333 TELECOPIER (973) 622-3349

Date Sent:

July 16, 2008

TO:

David T. Schultz, Esq.

COMPANY: Maslon Edelman Borman & Braud, LLP

FAX NO.:

612-642-8399

PHONE NO.: 612-672-8399

TO:

Coleen Klasmeier, Esq.

COMPANY: Sidley Austin LLP

FAX NO.:

202-736-8711

PHONE NO.: 202-736-8132

FROM:

Marc E. Wolin

Our Ref. No.: 9747-1

Pages Sent (including this sheet): 26

Sent by:

Soraida Rivera

REMARKS: Please see attached.

CONFIDENTIALITY NOTE

This transmission contains information that is confidential and/or legally privileged. It is intended for use only by the person to whom it is directed. If you have received this telecopy in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us at no cost to you.

If you do not receive all of the pages indicated above, please call us as soon as possible at (973) 622-3333.

EXHIBIT B

Marc E. Wolin

From:

Marc E. Wolin

Sent:

Monday, August 04, 2008 5:27 PM

To:

'Brian P. Sharkey'

Cc:

mhatch@blackwellburke.com; 'krmeyer@pbnlaw.com'; Jakob B. Halpern

Subject:

RE: Authorizations

Attachments: Scan001.PDF

Brian.

Per our conversation and your request, attached hereto please find copies in pdf format of the medical authorizations for Dr. Parkin, Dr. Finkel and Dr. Wong. As I indicated to you on the phone, I have an out-of-office meeting and will not be here at 5:45 p.m. However, I have left the authorizations with Jake Halpern, who will be here until 6:30 p.m. Please note that the only authorizations with the original signatures are effective. Consequently, if your messenger is not going to be here by 6:30 p.m., please have him call Jake Halpern, whose direct line is 973-622-8394.

Additionally, you and I were not on the phone call between Mike Hatch and Ken earlier today. Just so we are all on the same page, it is our positions that defendants and their counsel may not contact the aforementioned doctors on an ex parte basis. However, we are happy to permit discussions with these doctors provided that Mike Hatch and/or I am on the line at the same time.

Finally, the electronic notification from the Court on July 31, 2008 is not correct. After receiving that notification I spoke with Judge Martini's law clerk who confirmed that the preliminary injunction hearing is on for August 19, and that the pro hac vice motions, for both sides, would be resolved on or before August 19.

Regards, Marc

From: Brian P. Sharkey [mailto:bpsharkey@pbnlaw.com]

Sent: Monday, August 04, 2008 4:53 PM

To: Marc E. Wolin **Subject:** Authorizations

Marc,

Pursuant to our conversation, I am sending a messenger over to your office to pick up the original authorizations. My understanding is that the messenger should be there at approximately 5:45. I advised the messenger that you are the person to ask for to obtain the documents. I know from our conversation that you have a meeting coming up, so if there is someone else at your firm who the messenger should ask for, please let me know. Also, even though I'm sending a messenger, I would appreciate it if you would still e-mail me the authorizations. Thank you for your help.

Regards, Brian.

Brian P. Sharkey, Esq. Porzio, Bromberg & Newman, P.C. 100 Southgate Parkway P.O. Box 1997 Morristown, NJ 07962-1997

bpsharkey@pbnlaw.com

973 889-4314 (direct)

973 538-5146 (fax)

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This electronic communication, including any authorized attachments, contains inform IRS Circular 230 Disclosure: To ensure compliance with requirements imposed by the

EXHIBIT C

| | HIPA | A Authorization to Disc | lose Protec | ted Health Information |
|-----------------|-------------------|------------------------------|-----------------|--|
| Patient Name | | ob Gunvalson | | Date of Birth:10/05/91 |
| Social Securi | ly No.: | | | _ |
| The following | a nerson or ent | ity is authorized to disclos | so my medic | al records. |
| Name: | | ong-Cincinnati Children's | | ai i ccui us: |
| Address: | 3333 Burnet A | | Површи | |
| , | | nio 45229-3039 | - | |
| | | | | REDACTED |
| The disclosu | re will be made | to the following person of | r entity: | |
| Name: | | erg and Newman, P.C. | • | |
| Address: | 100 Southgate | Parkway | | • |
| | Morristown, N | lew Jersey 07962 | | • |
| | | | | • |
| | | | • | ; |
| The disclosu | re is for the pur | pose of litigation and is a | t the reques | t of the above named patient. |
| Dates for me | diaal raaarde ta | he disslassed. All vecende | for all date | s and times including all types listed below. |
| Dates lot the | uicai recoius to | be disclosed. All records | tor an date: | s and times including an types listed below. |
| The type and | amount of info | rmation to be used or dis | closed: | |
| | ogress Notes and | | CIODCA. | |
| | | sician Progress Notes | | |
| ✓ Medicatio | | Q | | |
| ✓ Psychothe | rapy Records | | | |
| ✓ Laborator | | | | |
| | d Imaging Repor | ts | | |
| ✓ Consultat | | | | |
| ✓ Entire Me | dical Record wit | h the exception of Mental | Health, Drug | g and Alcohol Treatment Records |
| Other | | | · | |
| I hereby gutl | orize the use or | · disclosure of informatio | n about the | above named patient and I understand that: |
| I moreo, man | or mo the abe or | Albertaille of Hilly Matter | u about the | above named patient and 1 understand that: |
| | refuse to sign th | | | |
| 2. I have | the right to revo | ke this authorization in wr | iting. | |
| 3. Any 1 | evocation will b | e effective only to the ext | ent that action | on has not been taken in reliance on my prior |
| | rization. | | | |
| 4. Unles | s i revoke this a | uthorization, it will expire | on the follo | wing date: July 31, 2009 or on the following |
| | or condition: | | | If I do not |
| 5. By si | y an expiration o | recognize that the protect | s authorizati | on will expire in six months. |
| o. Dy si | ization may no l | onger he protested by fode | eu neamh m | formation used or disclosed pursuant to this regulations and may be subject to re-disclosure |
| hy the | recipient of this | disclosure | aat pilvacy t | egulations and may be subject to re-disclosure |
| | | will not be based on my si | oning this or | uthorization |
| 7. I will | receive a conv of | f this authorization. | ennië mis ac | inoneanou. |
| | | thorization is not valid. | | |
| | | | ions between | n my treating physicians and the attorneys at |
| Porzio | Bromberg and l | Newman, P.C. | iong bothoo | ing treating physicians and the attorneys at |
| \wedge | 0 6 | | | |
| | () () | 0 | | |
| - Yacc | U Sown | MUSON | | 7-31-08 |
| Signature of P | atient or Persona | l Representative | | Date |
| | ^ | | | Ψ . \wedge |
| Sel- | | | | sater formeret |
| Relationship of | f Personal Repre | sentative to the Patient | | Signature of Witness |
| | | • | | · • • • • • • • • • • • • • • • • • • • |

| | HIPAA Authorization to Disclose Prote | ected Health Information |
|-----------------------|--|---|
| Patient Name | e: Jacob Gunvalson | Date of Birth: 10/05/91 |
| Social Secur | | |
| | | |
| | ng person or entity is authorized to disclose my med | lical records: |
| Name: | Dr. Richard Finkel Children's Hospital of Philadelphia | |
| Address: | 34 th Street and Civic Center Boulevard | - MEDAOTED |
| Audioss. | Philadelphia, PA 19101-4439 | REDACTED |
| | 13414444 | |
| The disclosu | are will be made to the following person or entity: | |
| Name: | Porzio, Bromberg and Newman PC | |
| Address: | 100 Southgate Parkway | |
| | Morristown, New Jersey 07962 | |
| | | |
| The discless | re is for the purpose of litigation and is at the requ | and all the state of the state |
| i ne disciosa | te is for the barbose of utiliation and is at the tedu | est of the above named patient. |
| Dates for me | edical records to be disclosed: All records for all da | tes and times including all types listed below |
| | | The management of the present resources. |
| | d amount of information to be used or disclosed: | |
| | rogress Notes and Intake Records | |
| | Physical and Physician Progress Notes | |
| ✓ Medication | on Records | |
| ✓ Psychoun ✓ Laborato | | |
| | nd Imaging Reports | |
| ✓ Consultar | | |
| | edical Record with the exception of Mental Health, Dr | ug and Alcohol Treatment Records |
| Other | | |
| I hereby aut | horize the use or disclosure of information about th | e above named nationt and I understand that |
| | | Forthward and and and and and and and and and an |
| | y refuse to sign the authorization. e the right to revoke this authorization in writing. | |
| 3. Any | revocation will be effective only to the extent that ac | tion has not been taken in religion on manual |
| autho | orization. | · • |
| 4. Unles | ss I revoke this authorization, it will expire on the fol | lowing date: July 31, 2009 or on the following |
| event | t or condition: | If I do not |
| speci | fy an expiration date, event or condition, this authorize | ation will expire in six months. |
| 5. By si | igning below, I recognize that the protected health | information used or disclosed pursuant to this |
| by the | orization may no longer be protected by federal privacy e recipient of this disclosure. | regulations and may be subject to re-disclosure |
| | ment or payment will not be based on my signing this | authorization |
| 7. I will | receive a copy of this authorization. | authorization. |
| 8. A pho | otocopy of this authorization is not valid. | |
| 9. I spec | cifically do not authorize ex parte discussions between | en my treating physicians and the attorneys at |
| Porzi | o, Bromberg and Newman PC | |
| 11. | ~ l / | |
| JAMONS 48 | 2 Dunvalsom | 7-21-00 |
| Signature of I | Patient or Personal Representative | 731-08 |
| | <u>•</u> | Date |
| Sel | C | Xand an and |
| | of Personal Representative to the Patient | Signature of Witness |
| | The state of the s | organitude of writingss |

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| | Ħ | IPAA Authoriz | tation to Discl | lose Protec | cted Health Information |
|-------------------|--------------|--|---------------------------------------|-----------------|---|
| Patient Name | : | Jacob Gunvalso | n | | Date of Birth: 10/05/91 |
| Social Securi | ty No.: | | | | _ |
| The followin | a narsan a | or entity is author | rizad to disolos | o mu madia | nol woonda |
| Name: | Dr. John | | ized to disclos | e my medic | cal records: |
| 11441101 | | MeritCare | | | THE ROOM BOND IN AN ADDRESS BUILDING BUILDING |
| Address: | | h Street NW | | | REDACTED |
| 1,001000 | | MN 56701 | | | - Krijalirij |
| | | HILL SUIVE | | | |
| The disclosur | re will be : | made to the follo | wing person or | · entity: | |
| Name: | | Bromberg, and Ne | | onery. | |
| Address: | | hgate Parkway | | | - |
| | | wn, New Jersey | 07962 | | - |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · · · · · · · · · · · · · · · · · · · | | - |
| Dates for me | dical reco | rds to be disclose | d: Ali records | for all date | et of the above named patient. |
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| ✓ Entire Me Other | dicai Keco | ra with the excep | tion of Mental H | Health, Drug | g and Alcohol Treatment Records |
| ******** | | | ····· | | |
| I hereby auth | orize the | use or disclosure | of information | about the | above named patient and I understand that: |
| I. I may | refuse to s | ign the authorizat | ion. | | |
| 2. I have | the right t | o revoke this auth | orization in wri | ting. | |
| 3. Any n | evocation | will be effective | only to the exte | ent that action | ion has not been taken in reliance on my prior |
| author | rization. | | | | • • |
| 4. Unless | s I revoke | this authorization | , it will expire | on the follo | owing date: July 31, 2009 or on the following |
| event | or conditi | on: | | | If I do not |
| specif | y an expira | tion date, event o | r condition, this | authorizati | ion will expire in six months. |
| 5. By sig | gning belo | w, I recognize th | hat the protecte | ed health in | nformation used or disclosed pursuant to this |
| author | uzation ma | y no longer be pr | otected by feder | ral privacy i | regulations and may be subject to re-disclosure |
| | | of this disclosure. | | | |
| 6. Treatn | nent or pay | ment will not be | based on my sig | gning this au | uthorization. |
| | | opy of this author | | | |
| | | his authorization | | | |
| 9. I spec | шешу по | not authorize ex | parte discussion | ons between | n my treating physicians and the attorneys at |
| FUIZIO | , promoer | g, and Newman P | C, PA | | |
| x () | 1 2 | 70M Q A. D xA | | | 7 71 60 |
| A WOULD | $N \sim$ | MULAM ersonal Represent | <u>.</u> | | |
| Signature of Pa | attent of Pe | rsonal Represent | ative | | Date |
| (0) | \wedge | | | | House () |
| Polotion-bin | ĆD1 | Representative to | 41 73 41 | | Signature of Witness |
| Relationship of | rersonal | kepresentative to | tne Patient | | Signature of Withess |

| | HIPAA Authorization to Disclose Prot | ected Health Information |
|-----------|---|---|
| Patient 1 | Name: Jacob Gunvalson | Date of Birth: 10/05/91 |
| | Security No.: | Date of Bildi. 10/03/91 |
| OOCIAI D | County Pro.: | |
| The foll | lowing person or entity is authorized to disclose my med | lical records: |
| Name: | Dr. Brenda Wong- Cincinnati Children's Hospital | iicai fecorus: |
| Address | | |
| 11001000 | Cincinnati, Ohio 45229-3039 | - DEDAATLI |
| | , | REDACTED |
| The disc | closure will be made to the following person or entity: | |
| Name: | Porzio Bromberg and Newman, P.C. | |
| Address | | |
| | Morristown, New Jersey 07962 | _ |
| | | |
| | | |
| The disc | closure is for the purpose of litigation and is at the requ | est of the above named nations |
| | 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | The man is married passents. |
| Dates fo | or medical records to be disclosed: All records for all da | tes and times including all types listed below. |
| | | 3 Post 100 100 100 100 100 100 100 100 100 10 |
| The type | e and amount of information to be used or disclosed: | |
| | ent Progress Notes and Intake Records | |
| ✓ History | ory, Physical and Physician Progress Notes | |
| ✓ Med | lication Records | |
| ✓ Psyc | chotherapy Records | |
| | oratory Results | |
| | ay and Imaging Reports | |
| | sultation Reports | |
| | re Medical Record with the exception of Mental Health, Da | ma and Alashal Tasaturas Daniel |
| Other | To referred Record with the exception of mental fleating Di | ag and Alcohol Treatment Records |
| | | |
| I hereby | y authorize the use or disclosure of information about th | ne above named patient and I understand that: |
| | | • |
| | I may refuse to sign the authorization. | |
| | I have the right to revoke this authorization in writing. | |
| 3. | Any revocation will be effective only to the extent that ac | ction has not been taken in reliance on my prior |
| | authorization. | U ' 1 |
| 4. | Unless I revoke this authorization, it will expire on the for event or condition: | flowing date: July 31, 2009 or on the following |
| | | . If I do not |
| c 1 | specify an expiration date, event or condition, this authorize | ation will expire in six months. |
| 5. | By signing below, I recognize that the protected health | information used or disclosed pursuant to this |
| 1 | authorization may no longer be protected by federal privac | y regulations and may be subject to re-disclosure |
| | by the recipient of this disclosure. | |
| 6. | Treatment or payment will not be based on my signing this | authorization. |
| | I will receive a copy of this authorization. | |
| | A photocopy of this authorization is not valid. | |
| 9. | I specifically do not authorize ex parte discussions between | een my treating physicians and the attorneys at |
|] | Porzio Bromberg and Newman, P.C. | 51 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 0. | . 1 | |
| (12) | Municipal | 9 3 () |
| 4 | en summer | 7-51-08 |
| Signatur | re of Patient or Personal Representative | Date |
| h/ | 2.4 | $\overline{\mathcal{A}}$ |
| | UTNU | Karen property |
| Relation | ship of Personal Representative to the Patient | Signature of Witness |
| | | Digitaldic of Williass |

| | Ī | HPAA Authorization to Dis | sclose Prote | cted Health Information |
|-------------|-----------------|--|---------------------------------------|---|
| Patient Na | ime: | Jacob Gunvalson | • •. | Date of Birth: 10/05/91 |
| Social Sec | curity No.: | | | |
| | • | | <u> </u> | - |
| | | or entity is authorized to discl | ose my medi | cal records: |
| Name: | | hard Finkel | | |
| | | n's Hospital of Philadelphia | - | |
| Address: | | eet and Civic Center Boulevard | | REDACTED |
| | Philade | phia, PA 19101-4439 | | |
| The diesi. | | | | |
| Name: | osure Will be | made to the following person Bromberg and Newman PC | or entity: | |
| Address: | | othgate Parkway | | |
| Addiess. | | own, New Jersey 07962 | | _ |
| | 141011180 | Jwii, New Jersey 07902 | | - - |
| | | | · · · · · · · · · · · · · · · · · · · | _ |
| The discle | sure is for ti | he parance of litigation and is | at the regue | st of the above named patient. |
| A MO GIBON | 754 C 15 101 C | te par pose or inigation and is | at the reque | st of the above namen patient. |
| Dates for | medical reco | rds to be disclosed: All record | ls for all date | es and times including all types listed below. |
| | | | | an types nated below. |
| The type | and amount | of information to be used or d | isclosed: | |
| | | tes and Intake Records | • | |
| | | nd Physician Progress Notes | | |
| | ation Records | = | | |
| | otherapy Rec | ords | | |
| | atory Results | | | |
| | and Imaging | | | |
| | Itation Repor | | | |
| ✓ Entire | Medical Rec | ord with the exception of Menta | il Health, Dru | g and Alcohol Treatment Records |
| Other | | | | |
| T hereby s | inthorize the | use or disclosure of informati | on obout the | above named patient and I understand that: |
| 1 110,000 0 | idinorize inc | de or disclosure of intollight | on about the | above named patient and I understand that: |
| 1. In | nay refuse to | sign the authorization. | | |
| 2. I h | ave the right | to revoke this authorization in v | vriting. | |
| 3. A1 | ny revocation | will be effective only to the e | xtent that act | ion has not been taken in reliance on my prior |
| au | thorization, | | | |
| 4. Ur | iless I revoke | this authorization, it will expire | re on the foll | owing date: July 31, 2009 or on the following |
| ev | ent or condi | tion: | | If I do not |
| sp | ecify an expir | ration date, event or condition, the | his authorizat | ion will expire in six months. |
| 5. By | signing bel | ow, I recognize that the prote- | cted health i | nformation used or disclosed pursuant to this |
| au | thorization m | ay no longer be protected by fer | deral privacy | regulations and may be subject to re-disclosure |
| by | the recipient | of this disclosure. | | |
| 6. Tr | eatment or pa | yment will not be based on my | signing this a | uthorization. |
| 7. I v | vill receive a | copy of this authorization. | | |
| 8. A | photocopy of | this authorization is not valid. | | |
| 9. I s | pecifically d | o not authorize ex parte discus | ssions betwee | on my treating physicians and the attorneys at |
| Po | rzio, Brombe | rg and Newman PC | | · |
| <i>a</i> . | 11 | · | | |
| ('h a | 11 11 | nial | | 7-31-00 |
| Signature | of Posions on I | in agen | | |
| orguature (| or ratient of F | Personal Representative | | Date Jongquist |
| nn. | Alun | | | Yala Danie |
| | I V TV | I Dames and all the second | | Jaren Jorganst |
| Verariousu | ıp oı rersona | Representative to the Patient | | Signature of Witness |

| | HIPAA Authorization to Disclose Protec | ted Health Information |
|------------------|--|--|
| Patient Name | e; Jacob Gunvalson | Date of Birth: 10/05/91 |
| Social Securi | ity No.: | |
| • | | |
| | ng person or entity is authorized to disclose my medic | al records: |
| Name: | Dr. John Parkins | |
| | Bemidji MeritCare | <u> </u> |
| Address: | 1233 34th Street NW | |
| | Bemidji, MN 56701 | REDACTED |
| (D) 1: 1: | The second state of the College of the second secon | |
| Name: | re will be made to the following person or entity: Porzio, Bromberg, and Newman PC | . |
| Address: | 100 Southgate Parkway | - |
| Audiess. | Morristown, New Jersey 07962 | - |
| | Morristown, New Jersey 07902 | |
| The disclosu | are is for the purpose of litigation and is at the reques | - t of the above named patient. |
| Dates for mo | edical records to be disclosed: All records for all date | s and times including all types listed below. |
| The type and | d amount of information to be used or disclosed: | |
| | Progress Notes and Intake Records | |
| | Physical and Physician Progress Notes | |
| ✓ Medicati | | |
| | nerapy Records | |
| ✓ Laborato | | |
| | nd Imaging Reports | |
| | ttion Reports | and Alaskal Torona and Day and |
| ✓ Entire M Other | ledical Record with the exception of Mental Health, Drug | g and Alconol Treatment Records |
| Oulei | | |
| I hereby aut | thorize the use or disclosure of information about the | above named patient and I understand that: |
| 1. I ma | y refuse to sign the authorization. | |
| | ve the right to revoke this authorization in writing. | |
| | revocation will be effective only to the extent that acti | ion has not been taken in reliance on my prior |
| autho | orization. | |
| | ess I revoke this authorization, it will expire on the folk tor condition: | owing date: July 31, 2009 or on the following If I do not |
| | ify an expiration date, event or condition, this authorization | ion will expire in six months |
| 5. By s | signing below, I recognize that the protected health in | nformation used or disclosed nursuant to this |
| | orization may no longer be protected by federal privacy | |
| | ne recipient of this disclosure. | • • • • • • • • • • • • • • • • • • • |
| 6. Trea | tment or payment will not be based on my signing this a | uthorization. |
| 7. I wil | I receive a copy of this authorization. | |
| | notocopy of this authorization is not valid. | |
| | ecifically do not authorize ex parte discussions betwee | on my treating physicians and the attorneys at |
| | io, Bromberg, and Newman PC, PA | · |
| 01 | 1 | |
| (Ahai | 1 Albertal | 7-21-18 |
| <u></u> | - universes | |
| Signature of | Patient or Personal Representative | Date |
| mark | has | Signature of Witness |
| Poleting-bin | of Danconal Danconstations to the Deti- | Simon SVI Jorgans |
| Keianonsnip | of Personal Representative to the Patient | Signature of Witness |